

Role of Shamana Chikitsa in the Management of Grahani Roga

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Received: 28th Jul, 2026 | Revised: 01st Aug, 2026 | Accepted: 05th Aug, 2026 | Available Online: 17th Aug, 2026

ABSTRACT

Grahani Roga is a major disorder of Annavaha Srotas in which impairment of Agni, formation of Ama and disturbed retention and release of ingested food produce an irregular bowel pattern, anorexia, abdominal distension, mucus, foul-smelling stool and progressive loss of strength. Shamana Chikitsa is central to management because it permits stage-wise correction of Agni and Dosha without imposing an excessive eliminative burden on patients with reduced Bala. To critically synthesize the classical rationale, therapeutic sequence and available clinical evidence for Shamana Chikitsa in Grahani Roga, with special emphasis on Shunthi and Shunthi-containing formulations.

Methods: A structured narrative review was performed using major Ayurvedic Samhitas, Nighantus, pharmacopoeial monographs and Ayurveda clinical literature. Thirty sources were selected. Numerical outcomes were extracted only from published Ayurvedic clinical studies; percentage reduction was calculated from reported mean symptom scores.

Classical texts consistently position Mandagni as the principal driver of Grahani and recommend Langhana, Pachana, Deepana, Dosha-specific Shamana, Grahi medicines, Takra and Pathya according to Ama, Agni, Dosha and Bala. In a controlled study of a Shunthi-containing compound, mean scores decreased by 88.9% for irregular stool, 87.3% for mucus in stool, 73.7% for foul-smelling stool, 83.7% for bloating and 76.6% for anorexia after 30 days. In a separate 45-day study, Nagradya Churna, which contains Shunthi, reduced frequent bowel habit from 2.40 to 0.25 and alternating loose/constipated stool from 2.25 to 0.20; all patients were either cured or showed maximum improvement. These findings support a clinically meaningful role for Deepana-Pachana-Grahi Shamana therapy, although the contribution of Shunthi cannot be isolated from accompanying drugs and Anupana.

Keywords: Grahani Roga; Shamana Chikitsa; Agni; Ama; Shunthi; Nagradya Churna; Deepana; Pachana; Grahi; Irritable bowel syndrome.

How to cite this article: Adhikari PS, Deshpande MM, Mane S, Patil LD, Pawar A. Role of Shamana Chikitsa in the Management of Grahani Roga. *Int J Drug Deliv Technol*. 2026;16(75s): 881-892. DOI: 10.25258/ijddt.16.75s.100

1. Introduction

Grahani is described in Ayurveda both as an anatomical-functional seat of Agni and as a disease entity arising when the power of digestion, transformation, retention and timely release becomes disturbed. The classical account places Jatharagni at the centre of health: adequate Agni supports proper digestion, tissue nourishment, complexion, strength, enthusiasm and vitality, whereas Mandagni initiates incomplete digestion and the production of Ama [1]. Grahani, situated between Amashaya and Pakwashaya in the classical functional description, normally retains food until digestion is complete and releases it thereafter. When Agni becomes weak, the same organ loses this discriminative function and releases Pakva or Apakva material irregularly, producing the characteristic pattern of Muhur-baddha Muhur-drava Mala Pravritti [1-4].

The causative field is broad and clinically important. Vishamashana, Adhyashana, Guru-Snigdha or excessively Ruksha intake, incompatible foods, irregular meal timing, suppression of natural urges, excessive fasting, faulty administration of cleansing procedures, disturbed sleep and emotional strain can all impair Agni [1-6]. Repeated Atisara in a stage of unrecovered Agni is also recognized as a precursor [2]. These factors do not merely provoke loose stools; they disturb the entire chain of digestion, absorption and Dhatu Poshana. Consequently, the patient may present with alternating stool consistency, mucus, foul smell, abdominal pain, distension, gurgling, anorexia, tastelessness, thirst, fatigue and loss of body strength. The chronicity of

Grahani is one reason it is counted among difficult major disorders in the classical literature [1,5].

Grahani Roga cannot be equated one-to-one with a single contemporary diagnostic entity. Nevertheless, many Ayurveda clinical studies use irritable bowel syndrome (IBS) as a pragmatic modern comparator because recurrent abdominal discomfort, bloating and altered bowel habit without a consistent structural lesion resemble a common subset of Grahani presentations [18-22]. The comparison is useful for clinical communication, but the Ayurvedic diagnosis remains wider: it includes the state of Agni, presence or absence of Ama, Dosha predominance, Mala characteristics, Bala, Satva, dietary tolerance and disease stage. Thus, an IBS label does not replace Ayurvedic assessment; it only describes part of the symptom phenotype.

Treatment is traditionally divided into Shodhana and Shamana. Shodhana has a place when Dosha, Bala and disease stage justify elimination, yet many patients with chronic Grahani are depleted, anxious, irregular in diet or unable to tolerate intensive procedures. Shamana Chikitsa therefore assumes a central role. It aims to digest Ama, rekindle Agni, normalize Vata, reduce excessive Kapha and Picchila Mala, stabilize bowel function, restore appetite and gradually rebuild strength. The sequence is critical: premature use of strong Grahi or Stambhana drugs in Sama Avastha may retain Ama, while indiscriminate Ushna-Tikshna medication in Pittaja presentations may aggravate burning and thirst. A stage-wise approach based on Langhana, Pachana, Deepana, Grahi, Dosha-specific formulations, Takra and Pathya is therefore

more faithful to the classical therapeutic logic [1,3,7-10].

Shunthi, the dried rhizome of *Zingiber officinale*, is repeatedly employed within such Shamana strategies. Classical Nighantus describe its Katu Rasa, Ushna Virya, Laghu-Snigdha qualities and digestive, carminative, appetizing and Kapha-Vata pacifying actions [11-14]. The Ayurvedic Pharmacopoeia provides identity and quality standards for the drug [15]. In Grahani, Shunthi is rarely a universal single-drug answer; rather, it serves as a strategic component of formulations such as Devadarvyadi Vati, Tryushnadi Ghrita, Nagradya Churna, Bhunimbadya Churna and indigenous Deepana-Pachana-Grahi compounds [16-20]. This paper examines the role of Shamana Chikitsa in a systematic manner and clarifies how Shunthi-containing interventions have influenced the major symptoms of Grahani in published Ayurvedic clinical literature.

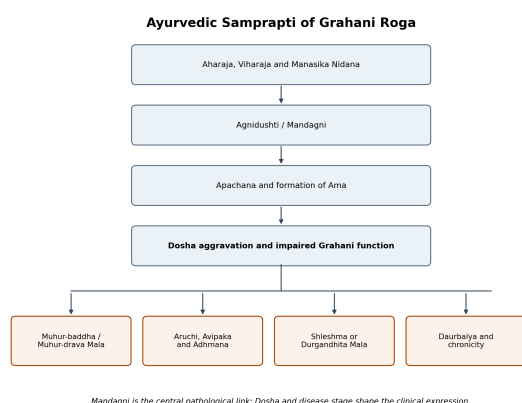


Figure 1. Conceptual Samprapti of Grahani Roga synthesized from the classical Ayurvedic description [1-6].

2. Literature Review

2.1 Concept of Agni, Ama and Grahani

Agni is the governing principle of transformation. At the gastrointestinal level, Jatharagni initiates the conversion of food into absorbable and nourishing fractions; at subsequent levels, Bhutagni and Dhatvagni continue selective transformation. Grahani

depends on the integrity of Jatharagni, and Jatharagni in turn depends on Dosha balance, appropriate quantity and quality of food, proper timing and the patient's physical and psychological state [1,3,4]. This reciprocal relationship explains why Grahani is simultaneously described as the seat of Agni and the structure-function complex damaged by Agnidushti.

When digestion is incomplete, Ama is formed. Ama is not simply undigested food in a gross sense; clinically it is inferred from heaviness, coating, anorexia, sticky or foul stool, lethargy, obstruction and instability of digestive function. In Grahani, Ama combines with vitiated Dosha and alters the properties of Mala. The stool may be Picchila, Durgandhita, Apakva, excessively liquid, interrupted or alternately retained. Sorathiya et al. clinically examined the relationship of Ama with Grahani and reported meaningful improvement using Kalingadi Ghanavati and Tryushnadi Ghrita, supporting the classical proposition that Ama Pachana and Agni correction are essential rather than optional [16].

The Dosha-specific forms further refine management. Vataja Grahani is characterized by variability, pain, distension, gurgling, dryness and irregular evacuation; Pittaja Grahani shows sour or bitter eructation, burning, thirst, yellowish or loose stool and urgency; Kaphaja Grahani presents with heaviness, mucus, nausea, sluggish digestion and lethargy; and Sannipataja Grahani contains mixed features and is generally more difficult [1,3,5,6]. The clinician must distinguish Sama from Nirama status within each Dosha pattern. A patient may have Vata-predominant irregularity but remain Sama because of coated tongue, heaviness and foul stool; another may have chronic loose stool with

low Bala but little Ama. The same prescription is therefore not suitable for both.

2.2 Classical therapeutic basis of Shamana Chikitsa

Shamana in Grahani is not a single pharmacological action. It is an ordered therapeutic program that changes with the state of Ama and Agni. The major components are summarized in Table 1. Deepana and Pachana are often paired, but their conceptual emphasis differs: Deepana promotes appetite and digestive capacity, while Pachana assists the digestion of Ama. In compound formulations the actions frequently overlap, a point emphasized in a recent Ayurvedic evaluative review [23]. Grahi drugs are introduced after reduction of Ama so that excessive fluidity and frequency are controlled without trapping pathological material. Vatanulomana restores directional movement, while Ruchya and Hridya measures improve willingness to eat and adherence. Takra is valued because, when properly prepared and selected, it combines lightness, digestive support and Grahi action [1,3,7-10].

Table 1. Stage-wise components of Shamana Chikitsa in Grahani Roga

Therapeutic component	Primary Ayurvedic indication	Expected clinical effect	Key caution
Langhana	Sama state, heaviness, marked anorexia and low digestive	Reduces burden on Agni and prepares for Pachana	Avoid excessive fasting in depleted or Vata-dominant patients

	ereadiness		
Pachana	Ama, coated tongue, foul or sticky stool, heaviness	Digestion of Ama and reduction of Srotorodha	Select intensity according to Pitta and Bala
Deepana	Mandagni, Aruchi, poor meal tolerance	Improves appetite and digestive competence	Overly Tikshna drugs may worsen Pittaja features
Grahi / Sangrahi	Persistent fluid or frequent stool after Ama reduction	Improves stool form and retention	Premature use in Sama stage may retain Ama
Vatanulomana	Distension, gurgling, irregular evacuation, pain	Normalizes Apana Vata and bowel direction	Avoid excessive Rechana in weak patients
Takra and Anupana	Chronic Grahani with low	Supports digestion and	Individualize in marked Pitta,

	Agni and unstable stool	enhance formulations suitability	intolerance or contraindication
Pathya Ahara	All stages	Maintains therapeutic gains and prevents recurrence	Quantity and timing are as important as food selection

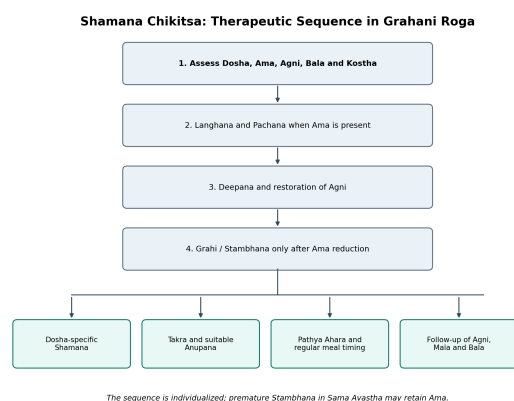


Figure 2. Stage-wise Shamana Chikitsa framework for Grahani Roga.

2.3 Shunthi in the Ayurvedic management of Grahani

Shunthi is the dried form of *Ardra Shringavera* and has a distinct place among digestive medicines. Nighantu descriptions broadly agree on its Katu Rasa, Ushna Virya and Kapha-Vata pacifying profile, while the Madhura Vipaka and Snigdha component moderate its dryness and help explain why it can stimulate digestion without behaving identically to every Tikshna pungent drug [11-14]. Sharangadhara includes Shunthi among important Grahi substances, and the drug is used in numerous classical formulations for Agnimandya, Atisara,

Grahani, Aruchi, Adhmana and related conditions [10]. The pharmacopoeial monograph establishes macroscopic, microscopic and physicochemical identity requirements, which are important because clinical reproducibility depends on genuine, properly dried rhizome [15]. A recent integrative review further documents the wide classical use of Shunthi in digestive and systemic formulations [25].

From an Ayurvedic mechanism perspective, Shunthi supports Grahani management through several linked actions. Deepana improves Abhyavaharana Shakti and meal acceptance; Pachana assists reduction of Ama; Ruchya corrects aversion to food; Vatanulomana and Shulahara actions address distension and abdominal discomfort; Kapha-Shamana reduces excessive Picchilata and mucus; and Grahi action contributes to more stable stool after the Sama state has subsided. The drug is especially logical in Kapha-Vata and Sama-Mandagni patterns. In pronounced Pittaja Grahani, high doses or strongly heating combinations require caution, and cooling or Pitta-balancing co-drugs may be needed [11-15,24,25].

Clinical evidence involving Shunthi occurs mainly in multi-ingredient interventions. Devadarvyadi Vati contains Shunthi with Devadaru, Vacha, Musta and other drugs and showed benefit in childhood Grahani Dosha [17]. Tryushnadi Ghrita includes Shunthi, Maricha and Pippali and was used after Kalingadi Ghanavati in an Ama-oriented protocol [16]. A controlled adult trial used Bilva, Chavya, Chitraka and Shunthi in equal parts with Takra; the largest reductions occurred in irregular bowel habit and mucus-containing stool [18]. Nagrahya Churna and Bhunimbadya Churna both contain Shunthi and produced progressive reduction in bowel frequency, alternating stool pattern, anorexia

and other Grahani symptoms over 45 days [19]. A 30-case series specifically examined Shunthi Churna with Panchamrita Parpati in Grahani associated with IBS, reporting clinical improvement, although detailed outcome data available from the publication record are limited [20].

A single-drug open trial in Agnimandya among adolescents also found Shunthi Churna with Madhu to be effective for appetite-related and dyspeptic symptoms [26]. Although this was not a Grahani trial, it supports the Deepana-Ruchya component that is therapeutically relevant in Grahani. The evidence should be interpreted cautiously: combination studies demonstrate the effectiveness of a Shunthi-containing therapeutic strategy, not the isolated efficacy of Shunthi. Nevertheless, recurrence of Shunthi across successful formulations, its classical Karma and the direction of symptom change collectively support a meaningful contributory role.

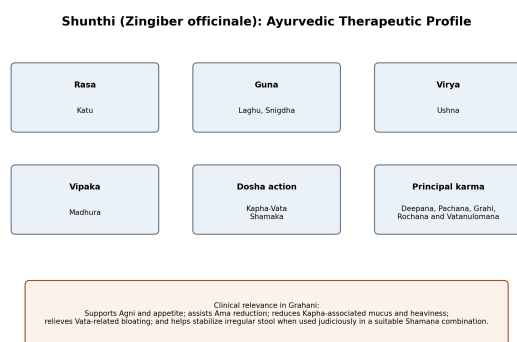


Figure 3. Ayurvedic therapeutic profile of Shunthi relevant to Grahani Roga [10-15,24,25].

2.4 Grahani and IBS: a clinically useful but limited comparison

Ayurvedic clinical research commonly recruits patients with IBS-like symptoms to operationalize a Grahani cohort. The overlap includes recurrent abdominal pain or discomfort, bloating, altered stool frequency, alternating loose and hard stool, urgency, incomplete evacuation and symptom

fluctuation. However, Grahani assessment adds Agni, Ama, Dosha, tongue, appetite, Mala quality, strength and dietary response. Whole-system Ayurveda research in IBS has shown that individualized combinations of medicines, diet and lifestyle can improve symptom severity and quality of life [21]. Nagradya Churna, Basti-based protocols and Dosha-specific case management have likewise been evaluated in patients described as Grahani with reference to IBS [19,27-30]. Therefore, IBS may serve as a modern descriptive frame, but the therapeutic decision remains Ayurvedic and phenotype-specific.

3. Materials and Methods

This work was designed as a structured narrative review with focused quantitative extraction. It does not report a new clinical trial and does not create patient-level data. The source corpus comprised classical Ayurvedic texts, Nighantus, the Ayurvedic Pharmacopoeia of India and clinical or scholarly publications centred on Grahani, Agni, Ama, Shamana Chikitsa, Shunthi, Nagradya Churna or Ayurvedic management of IBS-like presentations.

The classical component included Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, Madhava Nidana, Bhavaprakasha, Yogaratnakara, Bhaishajya Ratnavali, Chakradatta, Sharangadhara Samhita and four Nighantus [1-14]. The quality-control component used the official Shunthi monograph and a pharmaceutical standardization study [15,24]. The clinical component prioritized Ayurveda journals and studies that reported diagnostic criteria, intervention, duration and outcome direction [16-22,26-30].

Interpretation followed Ayurvedic therapeutic logic. Clinical change was mapped to Deepana, Pachana, Grahi, Kapha-Shamana, Vatanulomana and Bala-restoring

effects, while avoiding attribution of a multi-drug outcome to Shunthi alone. Safety interpretation was conservative: Shunthi was considered appropriate when its Rasa-Guna-Virya profile matched the patient, and caution was emphasized in marked Pitta, bleeding tendency, intolerance, pregnancy-related considerations or concomitant medicines affecting bleeding, as noted in standardization literature [24].

4. Results

4.1 Synthesis of the classical evidence

Across the classical sources, three findings were consistent. First, Mandagni is the indispensable pathological centre of Grahani; Dosha-specific manifestations modify but do not replace this core [1-6]. Second, treatment must be staged according to Ama. Pachana and Deepana precede or accompany Grahi therapy in Sama presentations, whereas chronic Nirama states may require greater emphasis on Grahi, Vatanulomana, Snehana in selected Vata states and restoration of Bala [1,3,7-10]. Third, diet is treatment rather than background advice. Light, warm, freshly prepared and digestible food in an appropriate quantity, regular meal timing and Takra where suitable reinforce the action of medicine and reduce relapse [3,7,8,22].

4.2 Clinical evidence for Shamana interventions

Table 2. Selected Ayurvedic clinical evidence relevant to Shamana Chikitsa in Grahani Roga

Study	Design / sample	Intervention	Duration	Main findings relevant to Grahani
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Sorathiya et al. [16]	Clinical study; 66 patients	Kalingadi Ghanavati and Tryushnadi Ghrita	Protocol-based	Supported the importance of Ama assessment and improvement through Ama-Pachana and Agni-oriented treatment.
Patel et al. [17]	Clinical study in children	Devadarvyadi Vati containing Shunthi, Musta, Vacha and Devadaru	Reported study period	Improvement in Grahani Dosha symptoms; supports a Deepana-Pachana-Grahi approach in paediatric cases.
Sahu et al. [18]	Controlled study; 30 trial + 15 placebo	Bilva, Chavya, Chitraka and Shunthi; 5 g twice daily with Takra	30 days	Highly significant reduction in irregular stool, mucus, foul smell,

				bloating, eructation, anorexia and related symptoms.
Darshana and Singh [19]	Comparative study; 40 patients	Nagradya Churna vs Bhunimbadya Churna; 2 g twice daily	45 days + follow-up	Both groups improved significantly; Nagradya group had 35% cured and 65% maximum improvement at day 45.
Rani et al. [20]	Case series; 30 cases	Shunthi Churna with Panchamrita Parpati	Case-series protocol	Reported clinical improvement in Grahani with reference to IBS; detailed numerical reporting was limited in the accessibility

				le record.
Naik et al. [21]	Randomized controlled clinical trial	Whole-system individualized Ayurveda protocol	Trial protocol	Demonstrated the feasibility and efficacy of a comprehensive Ayurveda approach in IBS, including diet, lifestyle and symptom-specific medicines.
Markunda et al. [27]	Comparative clinical study; 30 patients	Takra Basti vs Eranda mooladi Niruha Basti with associated therapy	Study protocol	Both Basti strategies improved Grahani/IBS outcomes, illustrating the role of

				Dosha-specific non-oral therapy when indicated.
Wahab et al. [28]	Open-label study; 30 patients	Chaturbhadra Kwath containing Guduchi, Ativisha, Shunthi and Musta	45 days	Promising improvement in cardinal symptoms of Vataja Grahani.
Kulkarni and Magare [29]	Case study	Ayurvedic Shamana regimen including Nagaradi Churna and Pathya	Case follow-up	Reported improvement in disturbed digestion, irregular bowel pattern and associated symptoms.
Prasad Raj and Maresh Kum	Case report	Musta-Takra Basti and Ayurvedic	Case follow-up	Demonstrated symptom improvement in a Pittaja

ar [30]		management		Grahani presentation, highlighting phenotype-specific selection.
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4.3 Reduction of Grahani symptoms in a Shunthi-containing compound

The trial by Sahu et al. provides the clearest symptom-level data for a Shunthi-containing oral Shamana compound [18]. After 30 days, the mean score for Muhur-baddha Muhur-drava Mala Pravritti decreased from 2.70 to 0.30, representing an 88.9% reduction. Shleshma Mala Pravritti decreased from 2.45 to 0.31 (87.3%); Durgandhita Mala from 1.75 to 0.46 (73.7%); Adhmana from 1.96 to 0.32 (83.7%); Tikta-Amla Udgara from 1.72 to 0.33 (80.8%); Aruchi from 1.88 to 0.44 (76.6%); Mukha Vairasya from 2.17 to 0.56 (74.2%); and Trishna from 2.00 to 0.45 (77.5%). Most changes were reported as highly statistically significant. The authors attributed normalization of bowel habit and mucus partly to the Grahi action of Bilva and Shunthi, while Chitraka and Chavya enhanced Deepana-Pachana and the Ushna-Katu profile supported appetite and reduction of distension.

Table 3. Published symptom-score changes with a Bilva-Chavya-Chitraka-Shunthi compound [18]

Symptom	Baseline mean	Day-30 mean	Calculated reduction
Irregular stool	2.70	0.30	88.9%

Mucus in stool	2.45	0.31	87.3%
Foul-smelling stool	1.75	0.46	73.7%
Bloating	1.96	0.32	83.7%
Sour/bitter belching	1.72	0.33	80.8%
Anorexia	1.88	0.44	76.6%
Bad taste	2.17	0.56	74.2%
Thirst	2.00	0.45	77.5%

4.4 Symptom trajectory with Nagradya Churna

Nagradya Churna contains Nagarmotha, Shunthi, Ativisha, Dhataki, Rasanjana, Vatsaka, Indrayava, Bilva, Patha and Kutki. The formulation combines Deepana, Pachana, Samgrahi, Ama-Doshahara and Kapha-Pitta balancing actions [19]. In the 20-patient Nagradya group, frequent bowel habit decreased from a mean of 2.40 at baseline to 1.75, 1.15 and 0.25 at days 15, 30 and 45, respectively. Alternating loose motion and constipation decreased from 2.25 to 1.40, 0.95 and 0.20. Arochaka declined from 2.31 to 1.75, 1.19 and 0.31. At day 45, 7 patients (35%) were categorized as cured and 13 (65%) as having maximum improvement. The progressive trajectory suggests that Shamana therapy may require sustained administration and dietary discipline rather than expectation of immediate Stambhana alone.

4.5 Interpretation of the role of Shunthi

The evidence indicates that symptoms decrease after the use of Shunthi primarily when the drug is integrated into an appropriately designed Shamana regimen. Appetite and tastelessness improve through Deepana-Ruchya action; bloating and

gurgling decrease through Vatanulomana and the Ushna quality; mucus and sticky stool reduce through Kapha-Shamana and Grahi action; and irregular stool becomes more stable after Ama is digested and Agni improves. The magnitude of change in the available studies is clinically meaningful, but causal isolation is not possible because Bilva, Chitraka, Chavya, Musta, Ativisha, Kutaja-group drugs, Takra and other components also contribute. The defensible conclusion is that Shunthi is an important synergistic drug, not that it alone accounts for all observed improvement.

5. Discussion

The central finding of this review is that Shamana Chikitsa is best understood as a dynamic correction of the Agni-Ama-Dosha-Mala axis. Grahani is not managed merely by reducing the number of stools. A patient may pass fewer stools while retaining Ama, or may have temporary symptomatic relief without restoration of appetite and strength. Classical management therefore asks a sequence of questions: Is Ama present? Is Agni low, irregular or sharp? Which Dosha predominates? Is the stool liquid because of Pitta, Picchila because of Kapha, irregular because of Vata, or mixed? What is the patient's Bala? What food can be digested today? This reasoning determines whether the initial intervention should be Langhana-Pachana, gentle Deepana, Vatanulomana, Grahi, Pitta-Shamana or a combination [1-10].

Shunthi fits this pattern because its Ayurvedic profile links several symptoms through one therapeutic logic. Katu Rasa and Ushna Virya counter Kapha, stimulate digestive responsiveness and reduce cold, sluggish states. Laghu quality aids digestibility, while Snigdha and Madhura Vipaka prevent the drug from behaving as an excessively drying agent in every context.

Vatanulomana helps restore directional movement, and Grahi action becomes valuable after Ama is reduced [10-15]. This explains why Shunthi appears with Bilva in bowel-stabilizing formulas, with Chitraka and Chavya in stronger Deepana combinations, with Musta and Ativisha in Vata-Kapha digestive disorders, and in Ghrita or Parpati protocols where chronicity and tissue support are considered [16-20,28]. However, Shunthi should not be universalized. In Pittaja Grahani with intense burning, thirst, yellow loose stool, bleeding tendency or marked heat intolerance, a strong Ushna-Tikshna regimen may aggravate the presentation. Dose, Anupana and co-drugs must be adjusted; Musta, Bilva, Kutaja, cooling Pitta-balancing substances or Takra prepared in an appropriate manner may alter the net effect. The classical principle is Yukti, not formula repetition. The standardization literature also emphasizes identity, dose, contraindication and potential interaction concerns [24]. A peer-reviewed manuscript must therefore avoid the simplistic statement that “Shunthi cures IBS.” The evidence supports selected use in Grahani phenotypes, under Ayurvedic assessment and professional supervision.

6. Conclusion

Shamana Chikitsa has a primary and rational role in the management of Grahani Roga, particularly in chronic, moderate or low-Bala patients and in those requiring sustained outpatient care. Its success depends on sequencing rather than indiscriminate prescription: Ama is first reduced, Agni is strengthened, Dosha and Vata are normalized, and Grahi therapy is introduced according to stage. Shunthi is a valuable component because its Deepana, Pachana, Ruchya, Vatanulomana, Kapha-Shamana and Grahi actions correspond to key manifestations such as anorexia, bloating,

mucus and irregular stool. Published Ayurvedic studies of Shunthi-containing formulations show substantial reductions in these symptoms, including approximately 77-89% improvement in major symptom scores in one controlled trial. Nevertheless, Shunthi should be regarded as a synergistic, phenotype-matched medicine rather than a universal single-drug cure. The strongest future evidence will come from standardized, adequately powered trials that preserve Ayurvedic individualization while improving outcome measurement, safety reporting and long-term follow-up.

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